



Dr Tess Laurie – My take: WHO negotiators got their PLAN B

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Key elements related to WHO pandemics are now in the legally-binding International Health Regulations

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It's just days after the hasty, and by insider accounts, coerced, approval of International Health Regulation (IHR) amendments and the dust has not yet settled. However, it is clear to me that these last minute additions to the IHR, incorporating aspects of the pandemic treaty negotiations, was a last ditch attempt to ensure WHO has coordinating power in the event the WHO Director General declares another 'pandemic', which he keeps telling us is coming soon.

How this international 'agreement' on a Saturday night could have occurred without fulfilling the requirements of Article 55 requiring that Member States receive proposed amendments at least 4 months before voting is not clear but coercion seems to be a factor.

On the most basic level, we should all be wondering what sort of authentic **international** agreement, involving people of many languages, can possibly be made when last minute changes were made available in the English language only?

WHO's PLAN B

However, the powers that shouldn't be, puppeteering the WHO behind the scenes, may think they have achieved somewhat of a coup with PLAN B. The reason I say this is because the IHR is already a legally binding document. Adding country obligations related to *pandemic emergencies*, *relevant health products*, *including gene therapies*, and State Party measures to *control disinformation* without having agreed a treaty specific to pandemics may feel as if they have killed two birds for the WHO with one stone.

Specifically, among the so-called adopted changes are the following:

1 – the term '*pandemic emergencies*' has been added throughout and defined as the following:

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“pandemic emergency” means a public health emergency of international concern that is caused by a communicable disease and:

- (i) has, or is at high risk of having, wide geographical spread to and within multiple States; and
- (ii) is exceeding, or is at high risk of exceeding, the capacity of health systems to respond in those States; and
- (iii) is causing, or is at high risk of causing, substantial social and/or economic disruption, including disruption to international traffic and trade; and
- (iv) requires rapid, equitable and enhanced coordinated international action, with whole-of-government and whole-of-society approaches.

The definition says nothing about **health** or **who** caused the many social and economic disruptions during the last time WHO declared a ‘pandemic’. It says nothing about how ‘at high risk’ is determined, and whether such determinations shall be free from pharmaceutical, political, or ideological conflicts of interest. It says nothing about adhering to international legal requirements to declare a health emergency, which must pose a real threat to the life of a nation.

2 – the term ‘*relevant health products*’ has been added throughout. Note that this includes diagnostics (e.g. dodgy PCR tests), vector control products, cell and gene-based therapies and much more.

“*relevant health products*” means those health products needed to respond to public health emergencies of international concern, including pandemic emergencies, which may include medicines, vaccines, diagnostics, medical devices, vector control products, personal protective equipment, decontamination products, assistive products, antidotes, cell- and gene-based therapies, and other health technologies;

When you have an organisation that is mostly privately funded and controlled can declare a worldwide emergency and then control or influence to any degree the manufacture, regulation and allocation of these products, this could easily be called a racket.

3 – there is an emphasis on ‘**preparing**’ for a PHEIC, including pandemic emergencies, rather than merely responding to one.

4– In Article 13, the Director General **shall** do a variety of things after declaring a ‘*pandemic emergency*’ (page 12), including:

8. WHO shall facilitate, and work to remove barriers to, timely and equitable access by States Parties to relevant health products after the determination of and during a public health emergency of international concern, including a pandemic emergency, based on public health risks and needs. To that effect, the Director-General shall:

- (a) conduct, and periodically review and update, assessments of the public health needs, as well as of the availability and accessibility including affordability of relevant health products for the public health response; publish such assessments; and consider the available assessments while issuing, modifying, extending or terminating recommendations pursuant to Articles 15, 16, 17, 18, and 49 of these Regulations;
- (b) make use of WHO-coordinated mechanisms, or facilitate, in consultation with States Parties, their establishment as needed, and coordinate, as appropriate, with other allocation and distribution mechanisms and networks that facilitate timely and equitable access to relevant health products based on public health needs;
- (c) support States Parties, upon their request, in scaling up and geographically diversifying the production of relevant health products, as appropriate, through relevant WHO-coordinated and other networks and mechanisms, subject to Article 2 of these Regulations, and in accordance with relevant international law;
- (d) share with a State Party, upon its request, the product dossier related to a specific relevant health product, as provided to WHO by the manufacturer for approval and where

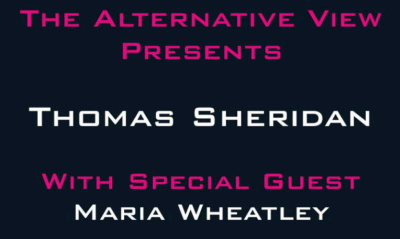
the manufacturer has consented, within 30 days of receiving such request, for the purpose of facilitating regulatory evaluation and authorization by the State Party; and

- (e) support States Parties, upon their request, and, as appropriate, through relevant WHO-coordinated and other networks and mechanisms, pursuant to subparagraph 8(c) of this Article, to promote research and development and strengthen local production of quality, safe and effective relevant health products, and facilitate other measures relevant for the full implementation of this provision.

The emphasis on ‘*relevant health products*’ in this section prepares for the centralisation of drug regulation and puts control of drug authorisation of **relevant health products** in the hands of one man – the WHO DG. What could possibly go wrong?

5- In Article 13, point 9: *State Parties shall undertake...to support the WHO-coordinated response activities, including through: a) supporting WHO in implementing actions in [Article 13]; b) engaging with and encouraging stakeholders to facilitate equitable access to relevant health products.*

6– PART VI – ‘Health documents’ may be required and whilst these may be in non-digital or digital format, *WHO shall develop and update, as necessary, technical guidance* on these.



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The Monkeypox PHEIC

"I have decided that the global monkeypox outbreak represents a public health emergency of international concern."

WHO Director-General on 23 July 2022

<https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-the-press-conference-following-ihf-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox-23-july-2022>



Pandemic X, bird flu, Marberg, etc

We do not know when Dr Tedros Ghebreyesus will be given the go ahead to declare another pandemic. One thing one we can be sure of though is the potential cascade of horrors that will follow implementation of WHO 'pandemic emergency' measures related to *relevant health products*, including *genetic therapies*, our freedom to travel, speak freely, socialize, and work in the name of *equity and solidarity* – enforced by captured country government officials upon the world's people.

The bottom line

Countries governments cannot transfer authority to the WHO or follow orders from any entity in any circumstances. Accepting new paperwork from WHO negotiators, entraps us further into a globalist web of trickery and deceit and must be whole-heartedly rejected by all people.

Government officials around the world who fail to reject these IHR amendments and the pandemic treaty process entirely should prepare to be accused of treason by their countrymen and women.

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Please also read the WCH Statement on the NOTICE of INVALIDITY, DISPUTE and OBJECTION served on FRIDAY 31st MAY, 2024.

June 4, 2024

STATEMENT

**World Council for Health
Issues Notices of Invalidity,
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